

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036609

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9375

STATE FILE NUMBER

FILED OCT 11 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, Missouri

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Webster Groves

Inside Limits  
XXXX No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Jewish HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
663 Oak StreetReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Robert Douglas Raeburn

## 4. DATE OF DEATH

Month Day Year  
September 30 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
6/13/18889. AGE (last birthday)  
74IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Clerical (Retired)10b. KIND OF BUSINESS OR INDUSTRY  
Grain Exchange11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Robert Raeburn

## 13b. MOTHER'S MAIDEN NAME

Rose Machmer

## 14. NAME OF HUSBAND OR WIFE

Rose Raeburn

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Address

G. W. Elliott, 2209 Bellevue

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Septicemia

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Intestinal abscess

2 years

## DUE TO (c)

rupture of carcinoma of bladder

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe rheumatoid arthritis 1810

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/16/62 to 9/30/62 and last saw her/him on 9/30/62  
Death occurred at 5:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Clarence M. Benage, MD

## 22b. ADDRESS

Jewish Hospital

## 22c. DATE SIGNED

10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

## 23b. DATE

10/2/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo

## 25. DATE RECD. BY LOCAL REG.

10/1/1962

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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64

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Leslie Welch*

Licensed Embalmer No. 4395

P. O. Address Abster Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.